



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

September 25, 2017

GCR 17-072
PROPOSED

Telemedicine

Policy Summary:

The Agency of Human Services (AHS) is proposing to expand telemedicine services to align with Act 64 (S.50) from the 2017 legislative session. Currently, Vermont Medicaid reimburses for telemedicine services provided facility to facility, or in the case of primary care services, facility to community/home.

Effective October 1, 2017, Vermont Medicaid will broaden its telemedicine policy to include the reimbursement of existing Medicaid covered services outside a facility as long as it is clinically appropriate and within the Medicaid provider's licensed scope of practice. Providers are expected to adhere to the same program restrictions, limitations and coverage which exist for the service when not provided through telemedicine; this includes prior authorizations. Vermont Medicaid will not reimburse distant site providers if there is insufficient information to render a clinical decision. Additional information for providers can be found below.

Effective Date:

October 1, 2017

Authority/Legal Basis:

- [Medicaid State Plan](#)
- [Act 64 of the 2017 Vermont Legislative Session](#)

Population Affected:

All Medicaid

Fiscal Impact:

No fiscal impact.

Public Comment Period:

9/25/17 – 10/25/17

Send comments to:

AHS Medicaid Policy Unit

280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

There is no public meeting scheduled at this time. If one should be scheduled, that information can be found at: <http://dvha.vermont.gov/> either through the calendar or listed under upcoming events.

Additional Information:

Qualified Providers shall:

- (a) Meet or exceed applicable federal and state legal requirements of medical and health information privacy, including compliance with HIPAA.
- (b) Provide appropriate informed consent to include:
 - (1) Identifying the patient, the physician and the physician's credentials; and
 - (2) The types of transmissions permitted using telemedicine technologies; and
 - (3) The Patient agrees that the physician determines whether or not the conditions being diagnosed and/or treated is appropriate for a telemedicine encounter; and
 - (4) Details on security measures taken with the use of telemedicine technologies; and
 - (5) Disclosure to the patient that information may be lost due to technical failures; and
 - (6) Requirement for express patient consent to forward patient-identifiable information to a third party.
- (c) Take appropriate steps to establish the physician-patient relationship and conduct all appropriate evaluations and history of the patient consistent with traditional standards of care.
- (d) Maintain medical records for all telemedicine patients that are consistent with established laws and regulations governing patient health care records.
- (e) Establish an emergency protocol when care indicates that acute or emergency treatment is necessary for the safety of the patient.
- (f) Ensure continuity of care for patients.
- (g) Uphold patient safety in the absence of a traditional physical examination if prescriptions are contemplated.

In order for providers to bill for services delivered through telemedicine they must follow the billing procedures below:

- Use a 'GT' modifier (via interactive audio and video telecommunications systems) with the code for the service(s) provided to indicate the services were not delivered face to face.
- Indicate place of service (POS) code '02' (telehealth).

- Procedure Code Q3014 and POS code '02' must be used by the originating site (location of the patient) to be reimbursed the site facility fee of \$16.00. If the provider and the originating site facility are both employed by the same entity, providers cannot bill for this service.

Information on expanded telemedicine services will be available in the [Medicaid Provider Manual](#) by October 1, 2017.